Docket No.: 9988.036.00

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# THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION: Seong Eun HEO et al.

**GROUP ART UNIT: 3754** 

SERIAL NUMBER: 10/607,985

EXAMINER: P. Brinson

FILED: June 30, 2003

FOR: DRAIN HOSE FOR ELECTRICAL APPLIANCE HAVING WATER OUTLET

## INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. 1.97

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicant(s) wish to disclose the following information.

#### **REFERENCES**

- The Applicant(s) wish to make of record the references listed on the attached PTO/SB/08. Copies of the listed references are attached, where required, as are either statements of relevancy or any readily available English translations of pertinent portions of any non-English language references.
- ☐ A check is attached in the amount required under 37 CFR § 1.17(p).

#### **RELATED CASES**

- Attached is a list of applicant's pending applications or issued patents which may be related to the present application. A copy of the patent(s) is attached along with PTO/SB/08.
- ☐ A check is attached in the amount required under 37 CFR § 1.17(p).

### **CERTIFICATION**

The undersigned certifies that

- each item of information contained in this information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this statement.
- no item of information contained in this information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the undersigned, having made reasonable inquiry, was known to any individual designated in 37 CFR § 1.56(c) more than three months prior to the filing of this statement.

#### **PETITION**

Applicant(s) hereby request consideration of the attached information. A check is attached in the amount of the Petition fee required under 37 CFR § 1.17(i)(1).

12/28/2005 HALI11 00000008 10607985

01 FC:1806 180.00 OP

Docket No.: 9988.036.00

# **DEPOSIT ACCOUNT**

Please charge any additional fees for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to deposit account No. 50-0911. A duplicate copy of this sheet is enclosed.



Respectfully submitted,

Mark R. Kresloff

Registration No. 42,766 V MCKENNA LONG & ALDRIDGE LLP

1900 K Street, N.W. Washington, D.C. 20006 Telephone No: (202) 496-7500

Date: December 23, 2005



PTO/SB/08a/b (05-03)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Substitute for form 1449/PTO 10/607,985 Application Number INFORMATION DISCLOSURE Filing Date June 30, 2003 STATEMENT BY APPLICANT First Named Inventor Seong Eun HEO et al. Art Unit 3754 (use as many sheets as necessary) Examiner Name P. Brinson Sheet 1 1 Attorney Docket Number 9988.036.00

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.1	Document Number  Number-Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	AA	5,096,233	03/17/1992	Dlouhy	
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FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document  Country Code³ -Number⁴-Kind Code⁵ (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
	BA					

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at <a href="https://www.uspto.gov">www.uspto.gov</a> or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the application number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁵ Applicant is to place a check mark here if English language Translation is attached.

NON PATENT LITERATURE DOCUMENTS					
Examiner Initials	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>		
	CA				

<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Examiner	Date
Signature	Considered

<sup>&</sup>lt;sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.

PTO/SB/17 (12-04)

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SMA		number	
Effective on 12/08/2004	Complete if Known		
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/607,985	
FEE TRANSMITTAL	Filing Date	June 30, 2003	
FOR FY 2005	First Named Inventor	Seong Eun HEO et al.	
FOR F1 2003	Examiner Name	P. Brinson	
☐ Applicant claims small entity status. See 37 CFR 1.27	Art Unit	3754	
TOTAL AMOUNT OF PAYMENT (\$) 180.00	Attorney Docket No.	9988.036.00	

METHOD OF PAYMENT (check all that apply)   □ Check □ Credit Card □ Money Order □ None □ Other (please identify): □ Deposit Account □ Deposit Account Name: □ Deposit Account							
□ Deposit Account ☑ Deposit Account Number 50-0911 □ Deposit Account Name:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee  ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments  under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION							
□ Deposit Account ☑ Deposit Account Number 50-0911 □ Deposit Account Name:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee  ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments  under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION							
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1 BASIC FILING SEARCH AND EXAMINATION FEES							
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FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity							
Application Type Fee (\$)							
Utility 300 150 500 250 200 100							
Design 200 100 100 50 130 65							
Plant 200 100 300 150 160 80							
Reissue 300 150 500 250 600 300							
Provisional 200 100 0 0 0 0							
2. EXCESS CLAIM FEES Fee Description Small Entity Fee (\$)							
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25							
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180							
Total Claims							
20 or HP = x = <u>Fee (\$)</u> Fee Paid (\$)							
HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)							
3 or HP = x =							
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee(\$) Fee Paid (\$)							
100 = / 50 = (round up to a whole number) x =							
4. OTHER FEE(S) Other: Information Disclosure Statement Petition Fee  Fee Paid (\$) \$180.00							
Other: Information Disclosure Statement Petition Fee \$180.00							
Other: Information Disclosure Statement Petition Fee \$180.00 Other:							

SUBMITTED BY		VIII		
Signature	Made	Der St Off 1	Registration No. (Attorney/Agent)	Telephone (202) 496-7184
Name (Print/Type)	Mark R. Kresloff	7 ///	42,766	Date December 23, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments of the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.